

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. NEB-231-PUS																																					
Application No. 10/562,183-Conf. #8062		Filing Date June 7, 2004		Examiner G. W. Counts																																					
Applicant(s): Yinhua Zhang et al.																																									
Invention: Specific Detection of Chitin Using Chitin-Binding Domain																																									
<b>TO THE COMMISSIONER FOR PATENTS</b>																																									
Transmitted herewith is an amendment in the above-identified application.																																									
The fee has been calculated and is transmitted as shown below.																																									
<b>CLAIMS AS AMENDED</b>																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Claims Remaining After Amendment</th> <th style="width: 15%; text-align: center;">Highest Number Previously Paid</th> <th style="width: 15%; text-align: center;">Number Extra Claims Present</th> <th style="width: 15%; text-align: center;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: left;"><b>Total Claims</b></td> <td style="text-align: center;">22</td> <td style="text-align: center;">- 42 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 25.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td style="text-align: left;"><b>Independent Claims</b></td> <td style="text-align: center;">3</td> <td style="text-align: center;">- 6 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 105.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5" style="text-align: center;"><b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;"><b>Other fee (please specify):</b></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center;">0.00</td> </tr> </tbody> </table>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		<b>Total Claims</b>	22	- 42 =	0	x 25.00	0.00	<b>Independent Claims</b>	3	- 6 =	0	x 105.00	0.00	<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>						<b>Other fee (please specify):</b>						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																					
<b>Total Claims</b>	22	- 42 =	0	x 25.00	0.00																																				
<b>Independent Claims</b>	3	- 6 =	0	x 105.00	0.00																																				
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>																																									
<b>Other fee (please specify):</b>																																									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00																																				
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity																																									
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																									
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																									
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.																																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>14-0740</u> as described below.																																									
<input type="checkbox"/> Credit any overpayment.																																									
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																									
/Harriet M. Strimpel, D.Phil./ <span style="float: right;">Dated: <u>November 27, 2007</u></span>																																									
Harriet M. Strimpel, D.Phil. Attorney/Agent Reg. No.: 37,008																																									
NEW ENGLAND BIOLABS, INC 240 County Road Ipswich, Massachusetts 01938 (978) 380-7373																																									